

Medical Consent Form

Effective _____ to _____.

I _____ parent (or guardian) of _____ whose birthday is on _____,
Parent/Guardian Name Student Name Date of Birth

Hereby authorizes staff members in the Upward Bound Program at California State University, Fresno to seek and authorize medical treatment for my son/daughter in the event of an emergency. If an emergency arises requiring a major surgical procedure, the program staff will attempt to reach me to be guided by my wishes; but, if I cannot be reached, I authorize the attending physician to proceed as deemed advisable and appropriate.

Student Residence Address _____ City _____ State _____ Zip _____

High School _____ Age _____ Grade _____ Student Cell Phone # _____

Home Telephone# _____ Father/Guardian Cell Phone# _____ Mother/ Guardian Cell Phone# _____

Emergency Contact: Please give us the name and phone number of someone we may call in the event of an illness or injury, someone who will know where and how to reach you – if the parent/guardian can't be reached.

Name _____ Relationship to Minor _____ Telephone Number _____

Name _____ Relationship to Minor _____ Telephone Number _____

Do you have medical insurance? Yes No

If yes, please write your medical insurance company's name, policy number, and provide a copy of your medical insurance card.

Name of Medical Insurance Company _____ Policy Number _____

Name of Family Doctor: _____ Telephone Number: _____

Date of student's last general medical examination: _____ Date of last tetanus injection: _____

Has he/she had a serious illness or operation in the past? Yes No

If yes, please describe: _____

Has your son/daughter had recent exposure to any contagious disease? Yes No

If yes which one? _____ When? _____

Does the student have any special medical problem(s) or allergies? If so, please specify below.

Is he/she taking any prescribed medication? If so, fully explain dosage, times to be given, and reason for medication:

Student Signature

Date

Parent or Legal Guardian Signature

Date